

RECEIVED

DEC 18 2008

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

SEC. OF STATE

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER Dakota Dunes / North Sioux City Times		2. DATE 10-1-08
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE \$ 20 \$22 \$30 + tax
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) Po Box 1340 North Sioux City SD 57049		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) 126 Forest Ave. Vermillion SD 57069		
6. FULL NAME OF PUBLISHER: Bruce L. Odson		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)		
FULL NAME First State Bank		COMPLETE MAILING ADDRESS 722 Central Ave Hawarden IA 51023
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.)		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	1000	1000
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors and counter sales.	106	86
2. Mail Subscription (Paid and or requested)	494	500
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	600	586
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	26	14
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	626	600
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	374	400
2. Return from News Agents	0	0
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	1000	1000

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

Bruce L. Odson _____
 (Signature) SUSAN ODSON (Title)
 NOTARY PUBLIC
 SOUTH DAKOTA
 Sworn to before me this 29 day of Sept, 2008
Bruce L. Odson
 Notary Public
 My commission expires: 6-21-11

State of South Dakota)
 County of Union)
 (Seal)